

Medicaid Tables



Table 1
**North Carolina Medicaid
 State Fiscal Year 2006
 Federal Matching Rates**

The N.C. Medicaid Program is funded by federal, state and county sources which operate on different fiscal years (July 1 through June 30 for state and county and October 1 through September 30 for federal). Therefore, two separate financial participation rates are shown below as they are phased in during the year.

Note: Administrative reimbursement does not change during the year as it is not affected by the difference in our fiscal years.

**Benefit Costs
 (7/1/05 - 9/30/06)**

	Services except Family Planning	Family Planning
Federal	65.80%	90.00%
State	29.07%	8.50%
County	5.13%	1.50%

**Benefit Costs
 (10/1/05 - 6/30/06)**

	Services except Family Planning	Family Planning
Federal	63.63%	90.00%
State	30.91%	8.50%
County	5.46%	1.50%

**Benefit Costs
 (10/1/05 - 6/30/06)**

	Skilled Medical Personnel & MMIS*	All Other
Federal	75.00%	50.00%
Non-Federal	25.00%	50.00%

*MMIS - Medicaid Management Information System

Table 2a N.C. Medicaid Eligibility during SFY 2006

GROUP	BENEFITS	BASIC REQUIREMENTS ¹					Deductible/ Spenddown	SPECIAL PROVISIONS
		Basic Eligibility Requirement	Whose Income and Resources Count	Income Limit	Resource Limit			
Recipients of Cash Assistance Programs	Full Medicaid coverage	Recipients of the following cash assistance programs are automatically entitled to Medicaid. No separate Medicaid application or Medicaid eligibility determination is required. The cash assistance programs are: <ul style="list-style-type: none"> • Work First Family Assistance – N.C. program under the federal Temporary Assistance to Needy Families law that provides cash assistance to families with children. • Supplemental Security Income (SSI) – Federal cash assistance program for aged, blind and disabled persons. • State/County Special Assistance – State cash assistance program for aged and disabled individuals, primarily those who are in adult care homes. • Special Assistance to the Blind – State cash assistance program for blind individuals. 						
Aged	Full Medicaid coverage	Age 65 or older	Spouse's income and resources if they live together	100% of Poverty 1 – \$ 817/mo 2 – \$1,100/mo	SSI Limits 1 – \$2,000 2 – \$3,000	Yes	<p>Protection of income for spouse at home: When an individual is in a nursing facility and has a spouse living at home, a portion of the income of the spouse in the facility may be protected to bring the income of the spouse at home up to a level specified by federal law. Currently, that amount is \$1,650 and can be as much as \$2,489, depending upon the at-home spouse's cost for housing. The amount protected for the at-home spouse is not counted in determining the eligibility of the spouse in the nursing facility.</p>	
Blind	Full Medicaid coverage	Blind by Social Security standards	Spouse's income and resources if they live together. Parents' income and resources if under age 18 and lives with parents.	100% of Poverty 1 – \$ 817/mo 2 – \$1,100/mo	SSI Limits 1 – \$2,000 2 – \$3,000	Yes	<p>Individuals in nursing facilities generally do not have to meet a deductible to be eligible for Medicaid. However, they must pay all of their monthly income, less a \$30 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance, to the nursing facility. Medicaid pays the remainder of their cost of care.</p>	
Disabled	Full Medicaid coverage	Disabled by Social Security standards	Spouse's income and resources if they live together. Parents' income and resources if under age 18 and lives with parents.	100% of Poverty 1 – \$ 817/mo 2 – \$1,100/mo	SSI Limits 1 – \$2,000 2 – \$3,000	Yes	<p>Protection of resources for spouse at home: Additionally, the countable resources of the couple are combined and a portion is protected for the spouse at home. That portion is half the total value of the countable resources, but currently not less than \$19,908 or more than \$99,540. The amount protected for the at-home spouse is not countable in determining the eligibility of the spouse in the facility.</p>	
Qualified Medicare Beneficiaries	Payment of Medicare premiums, deductibles and co-insurance charges for Medicare-covered services	Entitled to Medicare Parts A & B	Spouse's income and resources if they live together. Parents' income and resources if under age 18 and lives with parents.	100% of Poverty 1 – \$ 817/mo 2 – \$1,100/mo	2 x SSI Limits 1 – \$4,000 2 – \$6,000	No	<p>Transfer of resources: When a person gives away resources and does not receive compensation with a value at least equal to that of the resources given away, he may be penalized. Medicaid will not pay for care in a nursing facility or care provided under CAP or other in-home health services and supplies for a period of time that depends on the value of the transferred resource.</p>	
Specified Low-Income Medicare Beneficiaries	Payment of Medicare Part B premiums	Entitled to free Medicare Part A	Spouse's income and resources if they live together. Parents' income and resources if under age 18 and lives with parents.	120% of Poverty 1 – \$ 980/mo 2 – \$1,320/mo	2 x SSI Limits 1 – \$4,000 2 – \$6,000	No		
Qualifying Individuals	Payment of Medicare Part B premiums	Entitled to free Medicare Part A	Spouse's income and resources if they live together. Parents' income and resources if under age 18 and lives with parents.	135% of Poverty 1 – \$1,103/mo 2 – \$1,485/mo	2 x SSI Limits 1 – \$4,000 2 – \$6,000	No		
Working Disabled	Payment of Medicare Part A premiums	Lost entitlement to free Medicare A due to earnings but still has disabling impairment.	Spouse's income and resources if they live together. Parents' income and resources if under age 18 and lives with parents.	200% of Poverty 1 – \$1,634/mo 2 – \$2,200/mo	2 x SSI Limits 1 – \$4,000 2 – \$6,000	No		

¹ This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, and state residence) that can also affect eligibility or the level of benefits are not reflected on this chart.

Table 2a (cont.) N.C. Medicaid Eligibility during SFY 2006

GROUP	BENEFITS	BASIC REQUIREMENTS				SPECIAL PROVISIONS
		Basic Eligibility Requirement	Income and Resources Count	Income Limit	Resource Limit	
Families & Children	Full Medicaid coverage	Parents or caretaker relatives must be living with and caring for a child to whom they are related who is under age 19. Children must be under age 21.	Spouse's income and resources if they live together. Parents' income and resources if under age 21 and lives with parents.	45% of Poverty 1 - \$662/mo 2 - \$472/mo 3 - \$544/mo 4 - \$594/mo 5 - \$648/mo	\$3,000	If income exceeds income limit and the indicator is "yes", the individual or family may be able to be eligible for Medicaid if he can meet a deductible. Medicaid Deductible: When an individual or family is ineligible for Medicaid due to income over the income limit, they may become eligible by meeting a Medicaid deductible. The deductible is determined by subtracting the Medically Needy Income Limit (MNL) (see limits below) from the countable monthly income to determine the monthly excess income. Medicaid deductibles are generally determined for 6 months, so the monthly excess income is multiplied by 6 to determine the 6-month deductible. Once medical bills are incurred for which they are responsible, they are authorized for the remainder of the 6-month period. Medicaid cannot pay for any of the bills applied to the deductible.
Pregnant Women	Coverage is limited to treatment for conditions that affect the pregnancy.	Medical verification of pregnancy	Count only the income of the pregnant woman and, if in the home, the father of the unborn.	185% of Poverty 1 - \$1,511/mo 2 - \$2,035/mo 3 - \$2,560/mo 4 - \$3,084/mo 5 - \$3,608/mo	No resource limit if eligible with income no more than 185% of poverty	Children with special needs who are adopted under state adoption agreements have their eligibility for Medicaid determined without counting the income of the adoptive parents. When determining the family size for the pregnant woman, include the unborn child. For example, the family size for a single pregnant woman would be 2.
Children under age 1	Full Medicaid coverage	Be under age 1	Parents' income if living in the home. Children covered through 200% FPL.		Yes	
Children aged 1 through 5 years	Full Medicaid coverage	Be over age 1 through age 5	Parents' income if living in the home.	200% of Poverty 1 - \$1,634/mo 2 - \$2,200/mo 3 - \$2,767/mo 4 - \$3,334/mo 5 - \$3,900/mo	Yes	
Children aged 6 through 18 years	Full Medicaid coverage	Be age 6 through age 18	Parents' income if living in the home.	100% of Poverty 1 - \$ 817/mo 2 - \$1,100/mo 3 - \$1,384/mo 4 - \$1,667/mo 5 - \$1,950/mo	Yes	
Title IV-E Children	Full Medicaid coverage	Be a Title IV-E adoptive or foster child	Medicaid eligibility is automatic. determination.	There is no income or resource	No	MNL 1 - \$242/mo 2 - \$317/mo 3 - \$367/mo 4 - \$400/mo 5 - \$433/mo Resource limit All deductible cases have a resource limit: \$3,000 for families and children; and for aged, blind and disabled \$2,000 (1 person) and \$3,000 (2 people)
Breast & Cervical Cancer Medicaid	Full Medicaid coverage	Be a woman who has been screened and enrolled in the N.C. Breast & Cervical Cancer Control Program	Medicaid eligibility is automatic. determination.	There is no income or resource	No	To be eligible under the Breast and Cervical Cancer Medicaid program, the woman can have no medical insurance coverage, including Medicaid.
Family Planning Waiver	Family Planning exams and services. Screening and treatment for STI. Screenings for HIV. Sterilizations	Women aged 19 through 55. Men aged 19 through 60. Not otherwise eligible for Medicaid.	Count spouse's income. Do not count parents' income for children.	185% of Poverty 1 - \$1,511/mo 2 - \$2,035/mo 3 - \$2,560/mo 4 - \$3,084/mo 5 - \$3,608/mo	No resource limit.	There is no deductible or spenddown provision for Family Planning coverage. If a recipient's income increases to more than 185% of poverty, s/he will be ineligible for Family Planning coverage.

Table 2b
**Financial Eligibility for Medicaid based on
 Percentage of Poverty (Annual)
 SFY 2006**

Family Size	100%	120%	133%	135%	185%	200%	SSI	MNIL	SA/ACH	SA/SCU	SA/In-Home
1	\$ 9,800	\$ 11,760	\$ 13,034	\$ 13,230	\$ 18,130	\$ 19,600	\$ 7,236	\$ 2,904	\$13,962	\$18,726	\$9,800
2	\$ 13,200	\$ 15,840	\$ 17,556	\$ 17,820	\$ 24,420	\$ 26,400	\$ 10,848	\$ 3,804			
3	\$ 16,600		\$ 22,078		\$ 30,710	\$ 33,200					
4	\$ 20,000		\$ 26,600		\$ 37,000	\$ 40,000					
5	\$ 23,400		\$ 31,122		\$ 43,290	\$ 46,800					

Note 1: The Federal Poverty Level amounts change each year effective April. The above figures were effective April 1, 2006 and remained in effect through the end of SFY 2006

Note 2: SSI recipients are automatically eligible. Income limits are \$7,236 for a family of one and \$10,848 for a family of two. Adult care home residents who receive state-county special assistance are also automatically eligible. Income limit for SA/ACH is \$13,962 for a family of one; for SA/SCU, the income limit is \$18,726 for a family of one. Income limit for SA/In-Home is \$9,800 for a family of one.

Note 3: Those with income over the limits are eligible if medical bills are high enough. Medical bills must be equal to or greater than the amount by which their income exceeds the Medically Needy Income Levels (MNIL). The annual 2006 MNIL is set by the N.C. General Assembly and equals \$2,904 for a family of one and \$3,804 for a family of two (eligibility is determined in six month increments).

Table 3
North Carolina Medicaid
State Fiscal Year 2006 vs. 2005
Enrolled Medicaid Providers

Providers	2006	2005	Percent Change
Adult Care Home Providers	2,083	2,086	-0.1%
Ambulance Service Providers	281	273	2.9%
Chiropractors	951	1,064	-10.6%
Community Alternatives Program Providers: CAP/C, CAP/AIDS, CAP/MR-DD, CAP/DA, CAP/Choice	1,321	1,237	6.8%
Dental Service Providers: Dentists, Oral Surgeons, Peditadontists, Orthodontists	4,381	4,234	3.5%
Durable Medical Equipment Suppliers	2,202	2,200	0.1%
Hearing Aid Suppliers	84	92	-8.7%
Home Health Agency Providers: Home Infusion Therapy, Private Duty Nursing	364	414	-12.1%
Hospice Agency Providers	78	78	0.0%
Hospital Providers	417	556	-25.0%
Independent Laboratory Providers	150	160	-6.3%
Independent Practitioners: Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy, Audiologists	2,450	2,258	8.5%
Managed Care Programs (HMOs)	1	1	0.0%
Mental Health Program Providers	95	132	-28.0%
Mental Health Providers	5,819	4,161	39.8%
Nursing Facility Providers	1,207	1,231	-1.9%
Optical Service Providers and Suppliers: Opticians, Optometrists	1,136	1,194	-4.9%
Other Types of Clinics: Ambulatory Surgery Centers, Birthing Centers, Dialysis Centers	219	218	0.5%
Personal Care Service Providers	946	822	15.1%
Pharmacists	2,054	2,012	2.1%
Physician Extenders: Nurse Midwives, Physician Assistants, Nurse Practitioners, CRNAs	2,320	2,141	8.4%
Physicians	24,917	25,547	-2.5%
Podiatrists	337	373	-9.7%
Portable X-ray Service Providers	27	28	-3.6%
Psychiatric Facility Providers	622	683	-8.9%
Public Health Program Providers	489	497	-1.6%
Rural Health Clinic/Federally Qualified Health Center Providers	388	344	12.8%
Community Based Providers	1,348	172	683.7%
Total	56,687	54,208	4.6%

Note: This is an unduplicated count of active providers enrolled during SFYs 2005 and 2006. Physicians may be counted individually and/or as a group.

Table 4
North Carolina Medicaid
State Fiscal Year 2006
Medicaid Covered Services

Adult Care Home Personal Care Services
 Ambulance & Other Medical Transportation
 Targeted Case Management for:
 Pregnant women
 Developmentally disabled children (ages 0 – 5 years)
 Chronically mentally ill adults
 Emotionally disturbed children
 Chronic substance abusers
 Adults & children at risk of abuse, neglect or exploitation
 Persons with HIV disease
 Chiropractors
 Clinic Services (Federally Qualified, Rural Health, Health Dept & Mental Health)
 Community Alternatives Programs for:
 Persons with AIDS
 Children
 Disabled Adults
 Mentally Retarded/Developmentally Disabled Persons
 Dental Care Services
 Diagnostic Testing
 Domicile Care
 Durable Medical Equipment
 Health Check Services (EPSDT)
 Family Planning Services, Supplies and Devices
 General and Specialty Inpatient and Outpatient Hospital Services
 Hearing Aids (children)
 HMO Membership
 Home Health Services
 Home Infusion Therapy Services
 Hospice
 Intermediate Care Facilities for the Mentally Retarded
 Laboratory and Radiological Services
 Mental Health Services
 Migrant Health Clinics
 Nurse Anesthetists
 Nurse Midwives
 Nurse Practitioners
 Nursing Facilities
 Optical Services and Supplies
 Personal Care Services
 Physicians
 Podiatrists
 Prescription Drugs
 Preventive Services
 Private Duty Nursing Services
 Prosthetics and Orthotics (children and adults)
 Psychiatric Residential Treatment Facilities (children under age 21)
 Rehabilitative Services (under Behavioral Health Services)
 Screening
 Specialized Therapies (Occupational, Physical and Respiratory Therapy,
 Speech/Language Pathology and Audiology)

Table 5
North Carolina Medicaid Program
State Fiscal Year 2006 vs. 2005
Fund 1310 - Sources of Medicaid Funds - Services Expenditures Only

		<u>2006</u>	<u>Percent</u>		<u>2005</u>	<u>Percent</u>
Federal	\$	5,209,510,606	60.69%	\$	5,168,013,772	63.26%
State*	\$	2,348,873,427	27.37%	\$	2,045,751,219	25.04%
Other State**	\$	567,149,647	6.61%	\$	529,046,035	6.48%
County	\$	457,929,792	5.34%	\$	427,217,872	5.23%
Total	\$	8,583,463,472	100.00%	\$	8,170,028,897	100.00%

* "State" refers to state appropriation of funds

**"Other State" funds includes collection of nursing facility assessments, prior year earned revenues, receipts from DSH and certified public expenditures applicable to Local Education Agencies and Qualified Public Hospitals where DMA pays only the federal share.

Table 6
North Carolina Medicaid
A History of Medicaid Expenditures - Fund 1310, Program Services Expenditures Only

State Fiscal Year	TOTAL EXPENDITURES	Increase over Prior Year	FEDERAL EXPENDITURES	Increase over Prior Year	COUNTY EXPENDITURES	Increase over Prior Year	STATE EXPENDITURES	Increase over Prior Year
SFY 1995	3,104,096,450		2,033,890,406		156,970,582		913,235,462	
SFY 1996	3,549,309,272	14.3%	2,319,069,750	14.0%	183,329,798	16.8%	1,046,909,725	14.6%
SFY 1997	3,910,496,650	10.2%	2,558,186,929	10.3%	203,048,680	10.8%	1,149,261,041	9.8%
SFY 1998	4,106,345,835	5.0%	2,694,947,300	5.3%	223,297,504	10.0%	1,188,101,030	3.4%
SFY 1999	4,239,989,114	3.3%	2,726,521,783	1.2%	231,552,651	3.7%	1,281,914,680	7.9%
SFY 2000	4,783,840,430	12.8%	2,998,403,878	10.0%	253,995,385	9.7%	1,531,441,167	19.5%
SFY 2001	5,480,241,286	14.6%	3,430,145,921	14.4%	310,019,848	22.1%	1,740,075,518	13.6%
SFY 2002	6,185,038,224	12.9%	3,827,151,587	11.6%	353,624,465	14.1%	2,004,262,173	15.2%
SFY 2003	6,605,712,421	6.8%	4,172,894,036	9.0%	371,267,939	5.0%	2,061,550,446	2.9%
SFY 2004	7,404,741,424	12.1%	4,868,510,671	16.7%	372,120,792	0.2%	2,164,109,962	5.0%
SFY 2005	8,170,028,897	10.3%	5,168,013,772	6.2%	427,217,872	14.8%	2,574,797,253	19.0%
SFY 2006	8,583,463,472	5.1%	5,209,510,606	0.8%	457,929,792	7.2%	2,916,023,074	13.3%

NOTES:

- 1) The expenditures in this table are only for Medicaid Program Services paid through the Division of Medical Assistance. Program Services expenditures paid through other DHHS divisions are not included. Adjustments, recoveries and rebates are not included.
- 2) "State" expenditures include state appropriations from the NC General Assembly as well as "Other State" funds ("Other State" funds include collection of nursing facility assessments, prior year earned revenues, receipts from DSH and certified public expenditures applicable to Local Education Agencies and Qualified Public Hospitals where DMA pays only the federal share.)

Source: BD 701 Budget Reports, Budget Code 14445, Fund 1310.

Table 7
North Carolina Medicaid
State Fiscal Years 1979 - 2006
A History of Unduplicated Medicaid Eligibles

Fiscal Years	Aged	Qualified Medicare Beneficiaries	Blind	Disabled	AFDC Adults & Children	Medicaid Pregnant Women	Medicaid Indigent Children	Other Children	Aliens and Refugees	Breast Cervical Cancer (BCC)	Total	Percent Change
1978-79	82,930	N/A	3,219	59,187	301,218	N/A	N/A	6,620	N/A		453,174	
1979-80	82,859	N/A	2,878	56,265	307,059	N/A	N/A	6,641	N/A		455,702	0.56%
1980-81	80,725	N/A	2,656	56,773	315,651	N/A	N/A	6,559	N/A		459,364	0.80%
1981-82	70,010	N/A	2,349	48,266	298,483	N/A	N/A	6,125	N/A		425,233	-7.43%
1982-83	67,330	N/A	2,000	46,537	293,623	N/A	N/A	6,062	N/A		415,552	-2.28%
1983-84	65,203	N/A	1,755	46,728	288,619	N/A	N/A	5,501	N/A		407,806	-1.86%
1984-85	65,849	N/A	1,634	48,349	293,188	N/A	N/A	5,333	N/A		414,353	1.61%
1985-86	69,193	N/A	1,554	51,959	313,909	N/A	N/A	5,315	N/A		441,930	6.66%
1986-87	72,295	N/A	1,462	54,924	317,983	N/A	N/A	5,361	N/A		452,025	2.28%
1987-88	76,308	N/A	1,394	58,258	323,418	9,842	6,543	5,563	N/A		481,326	6.48%
1988-89	80,044	19,064	1,304	62,419	352,321	20,277	19,615	6,009	561		561,614	16.68%
1989-90	80,266	33,929	1,220	64,875	387,882	28,563	36,429	5,176	1,011		639,351	13.84%
1990-91	81,466	42,949	1,116	70,397	451,983	37,200	61,210	4,296	1,675		753,292	17.82%
1991-92	83,337	56,871	1,064	79,282	513,023	43,330	94,922	4,139	1,955		877,923	16.54%
1992-93	85,702	71,120	1,003	87,664	562,661	45,629	132,348	4,133	2,437		992,697	13.07%
1993-94	86,111	83,460	929	90,889	581,397	46,970	162,417	4,100	2,330		1,058,603	6.64%
1994-95	127,514	88,373	2,716	155,215	533,300	48,115	216,888	3,808	2,857		1,138,786	7.57%
1995-96	131,496	53,072	2,710	171,204	496,501	52,466	261,525	3,696	3,919		1,176,589	3.32%
1996-97	132,173	58,036	2,593	176,160	462,881	55,838	295,882	3,747	4,823		1,192,133	1.32%
1997-98	131,332	61,032	2,531	180,461	414,853	58,899	337,849	3,747	4,823		1,197,173	0.42%
1998-99	152,582	32,737	2,497	199,523	344,621	60,896	371,986	3,941	8,036		1,176,819	-1.70%
1999-00	154,222	33,302	2,428	205,205	330,113	60,918	421,158	4,063	9,857		1,221,266	3.78%
2000-01	154,284	36,053	2,357	212,798	450,472	57,318	424,436	4,195	12,680		1,354,593	10.92%
2001-02	153,282	39,799	2,334	221,813	456,232	53,009	444,299	4,737	14,523		1,390,028	2.62%
2002-03	151,672	41,030	2,226	228,159	478,842	51,111	474,557	4,881	14,805		1,447,283	4.12%
2003-04	151,478	42,413	2,177	238,810	485,856	53,768	517,251	4,882	15,528	197	1,512,360	4.50%
2004-05	151,512	44,130	2,130	249,921	468,711	57,190	567,060	5,366	17,496	235	1,563,751	3.40%
2005-06	149,961	52,895	2,084	257,344	468,662	58,518	588,417	5,511	18,980	273	1,602,645	2.49%
SFY 2005 Percent Total Eligibles:	9.7%	2.8%	0.1%	16.0%	30.0%	3.7%	36.3%	0.3%	1.1%	0.0%	100.0%	
SFY 2006 Percent Total Eligibles:	9.4%	3.3%	0.1%	16.1%	29.2%	3.7%	36.7%	0.3%	1.2%	0.0%	100.0%	

Source: Medicaid Eligibility Report, E-JA752 - SFY 2006

Table 8
North Carolina Medicaid
State Fiscal Year 2006
Eligibles and Program Payments for Which the County is Responsible for Its Computable Share*

COUNTY NAME	2005 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES**	EXPENDITURES		PER CAPITA EXPENDITURE		ELIGIBLES PER 1,000 POPULATION	% OF MEDICAID ELIGIBLES BY COUNTY, BASED ON 2005 POPULATION
			TOTAL EXPENDITURES	PER ELIGIBLE	AMOUNT	RANKING		
ALAMANCE	138,572	24,606	\$ 120,864,084	\$ 4,912	\$ 872	70	178	17.76%
ALEXANDER	35,898	6,519	28,888,042	4,431	805	82	182	18.16%
ALLEGHANY	10,912	2,314	14,275,612	6,169	1,308	24	212	21.21%
ANSON	25,766	7,130	43,083,786	6,043	1,672	8	277	27.67%
ASHE	25,500	5,349	32,281,759	6,035	1,266	29	210	20.98%
AVERY	18,030	3,324	19,271,547	5,798	1,069	47	184	18.44%
BEAUFORT	46,010	11,300	71,090,554	6,291	1,545	14	246	24.56%
BERTIE	19,640	6,460	42,360,246	6,557	2,157	1	329	32.89%
BLADEN	32,866	10,255	51,963,010	5,067	1,581	12	312	31.20%
BRUNSWICK	89,463	17,380	76,298,783	4,390	853	76	194	19.43%
BUNCOMBE	216,738	40,951	220,677,195	5,389	1,018	54	189	18.89%
BURKE	88,293	17,845	91,428,448	5,123	1,036	51	202	20.21%
CABARRUS	150,434	24,866	108,147,271	4,349	719	89	165	16.53%
CALDWELL	78,492	16,268	80,331,905	4,938	1,023	53	207	20.73%
CAMDEN	9,008	1,177	6,083,252	5,168	675	92	131	13.07%
CARTERET	62,760	9,789	49,686,306	5,076	792	84	156	15.60%
CASWELL	23,759	5,393	29,422,753	5,456	1,238	33	227	22.70%
CATAWBA	149,032	27,128	118,995,662	4,386	798	83	182	18.20%
CHATHAM	56,090	7,847	40,388,331	5,147	720	88	140	13.99%
CHEROKEE	26,180	5,798	33,126,947	5,714	1,265	30	221	22.15%
CHOWAN	14,470	3,630	20,414,696	5,624	1,411	19	251	25.09%
CLAY	9,876	2,069	8,893,056	4,298	900	66	209	20.95%
CLEVELAND	97,056	24,230	130,388,074	5,381	1,343	21	250	24.96%
COLUMBUS	54,524	17,906	95,632,843	5,341	1,754	5	328	32.84%
CRAVEN	92,670	16,679	87,622,945	5,253	946	62	180	18.00%
CUMBERLAND	305,173	60,289	232,561,574	3,857	762	86	198	19.76%
CURRITUCK	22,984	2,763	12,951,880	4,688	564	97	120	12.02%
DARE	34,790	3,778	18,808,674	4,978	541	99	109	10.86%
DAVIDSON	154,294	28,212	140,741,779	4,989	912	65	183	18.28%
DAVIE	38,930	5,370	25,598,248	4,767	658	93	138	13.79%
DUPLIN	51,920	13,081	61,009,491	4,664	1,175	41	252	25.19%
DURHAM	242,210	41,267	201,402,111	4,880	832	79	170	17.04%
EDGECOMBE	53,034	18,861	86,065,102	4,563	1,623	11	356	35.56%
FORSYTH	326,340	57,511	270,958,994	4,711	830	80	176	17.62%
FRANKLIN	54,106	11,122	53,967,100	4,852	997	55	206	20.56%
GASTON	193,886	42,303	229,739,408	5,431	1,185	38	218	21.82%
GATES	11,219	2,140	11,543,658	5,394	1,029	52	191	19.07%
GRAHAM	8,119	2,216	14,504,413	6,545	1,786	3	273	27.29%
GRANVILLE	53,356	9,464	45,859,819	4,846	860	74	177	17.74%
GREENE	20,173	4,696	23,983,076	5,107	1,189	36	233	23.28%
GUILFORD	441,428	78,498	331,256,977	4,220	750	87	178	17.78%
HALIFAX	56,253	18,975	97,615,858	5,144	1,735	6	337	33.73%
HARNETT	101,608	20,774	89,187,652	4,293	878	69	204	20.45%
HAYWOOD	56,595	11,474	59,221,422	5,161	1,046	50	203	20.27%
HENDERSON	97,792	15,909	84,601,057	5,318	865	72	163	16.27%
HERTFORD	23,864	7,345	40,212,504	5,475	1,685	7	308	30.78%
HOKE	40,696	9,522	38,817,360	4,077	954	60	234	23.40%
HYDE	5,587	1,360	8,268,523	6,080	1,480	17	243	24.34%
IREDELL	139,727	22,879	99,690,247	4,357	713	90	164	16.37%
JACKSON	35,752	6,079	30,898,586	5,083	864	73	170	17.00%
JOHNSTON	146,312	28,747	128,642,178	4,475	879	68	196	19.65%
JONES	10,246	2,280	13,289,503	5,829	1,297	25	223	22.25%
LEE	53,789	11,343	46,178,342	4,071	859	75	211	21.09%
LENOIR	58,278	16,174	86,930,231	5,375	1,492	15	278	27.75%

**Table 8 (Cont.)
North Carolina Medicaid
State Fiscal Year 2006
Eligibles and Program Payments for Which the County is Responsible for Its Computable Share***

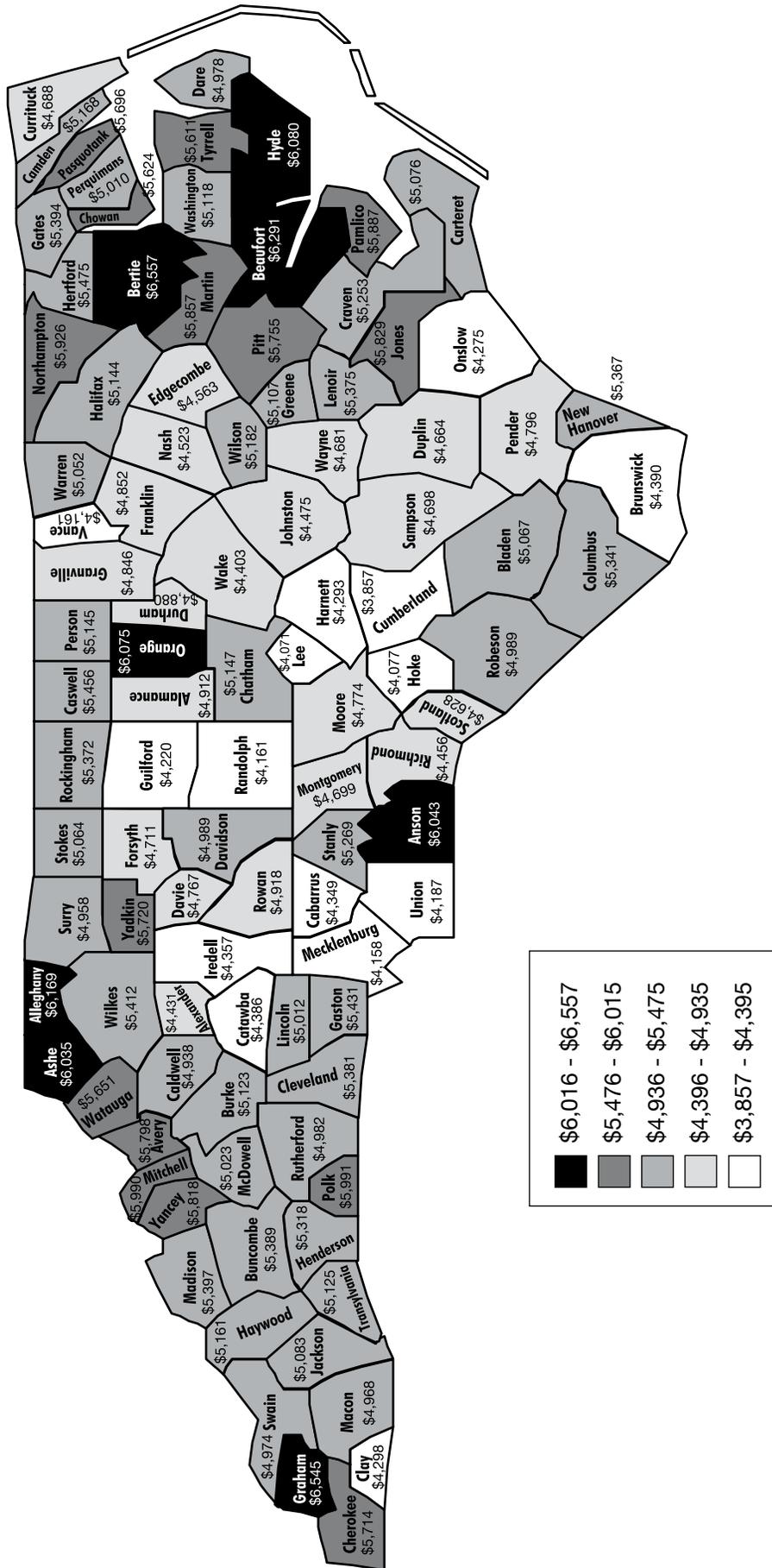
COUNTY NAME	2005 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES**	EXPENDITURES		PER CAPITA EXPENDITURE		ELIGIBLES PER 1,000 POPULATION	% OF MEDICAID ELIGIBLES BY COUNTY, BASED ON 2005 POPULATION
			TOTAL EXPENDITURES	PER ELIGIBLE	AMOUNT	RANKING		
LINCOLN	69,529	11,831	59,295,525	5,012	853	77	17.02%	
MACON	32,550	6,279	31,196,902	4,968	958	59	19.29%	
MADISON	20,296	4,483	24,194,443	5,997	1,192	35	22.09%	
MARTIN	24,580	6,989	40,933,425	5,857	1,665	9	28.43%	
MCDOWELL	43,175	9,097	45,697,257	5,023	1,058	49	21.07%	
MECKLENBURG	796,232	130,413	542,317,400	4,158	681	91	16.38%	
MITCHELL	15,880	3,334	19,970,860	5,990	1,258	32	20.99%	
MONTGOMERY	27,359	7,083	33,281,903	4,699	1,216	34	25.89%	
MOORE	80,867	12,999	62,057,139	4,774	767	85	16.07%	
NASH	91,544	19,886	89,939,189	4,523	982	56	21.72%	
NEW HANOVER	180,358	28,307	151,913,847	5,367	842	78	15.69%	
NORTHAMPTON	21,568	6,855	40,622,657	5,926	1,883	2	31.78%	
ONSLow	157,748	21,386	91,431,719	4,275	580	95	13.56%	
ORANGE	121,991	11,922	72,426,226	6,075	594	94	9.77%	
PAMLICO	13,068	2,559	15,064,677	5,887	1,153	43	19.58%	
PASQUOTANK	38,882	8,715	49,644,694	5,696	1,277	28	22.41%	
PENDER	46,538	9,150	43,880,250	4,796	943	63	19.66%	
PERQUIMANS	12,154	2,684	13,447,078	5,010	1,106	45	22.08%	
PERSON	37,125	8,025	41,286,913	5,145	1,112	44	21.62%	
PITT	143,207	29,084	167,380,616	5,755	1,169	42	20.31%	
POLK	19,006	2,854	17,097,442	5,991	900	67	15.02%	
RANDOLPH	137,283	26,961	112,190,627	4,161	817	81	19.64%	
RICHMOND	46,676	13,800	61,496,283	4,456	1,318	23	29.57%	
ROBESON	127,695	45,137	225,187,858	4,989	1,763	4	35.35%	
ROCKINGHAM	91,817	20,289	108,992,977	5,372	1,187	37	22.10%	
ROWAN	133,339	25,289	124,379,384	4,918	933	64	18.97%	
RUTHERFORD	63,303	14,969	74,578,181	4,982	1,178	39	23.65%	
SAMPSON	63,566	17,390	81,694,432	4,698	1,285	27	27.36%	
SCOTLAND	36,838	12,449	57,615,692	4,628	1,564	13	33.79%	
STANLY	58,912	10,760	56,696,890	5,269	962	58	18.26%	
STOKES	46,234	7,910	40,052,493	5,064	866	71	17.11%	
SURRY	73,028	15,740	78,035,922	4,958	1,069	48	21.55%	
SWAIN	13,585	3,647	18,139,872	4,974	1,335	22	26.85%	
TRANSYLVANIA	29,880	5,526	28,319,810	5,125	948	61	18.49%	
TYRRELL	4,203	1,015	5,694,664	5,611	1,355	20	24.15%	
UNION	161,332	21,412	89,655,979	4,187	556	98	13.27%	
VANCE	43,624	15,519	64,576,714	4,161	1,480	16	35.57%	
WAKE	755,034	87,105	383,533,889	4,403	508	100	11.54%	
WARREN	20,215	5,787	29,234,545	5,052	1,446	18	28.63%	
WASHINGTON	13,418	4,287	21,942,542	5,118	1,635	10	31.95%	
WATAUGA	42,934	4,302	24,308,786	5,651	566	96	10.02%	
WAYNE	115,714	26,573	124,387,615	4,681	1,075	46	22.96%	
WILKES	66,897	14,550	78,747,490	5,412	1,177	40	21.75%	
WILSON	76,826	19,133	99,153,663	5,182	1,291	26	24.90%	
YADKIN	37,404	6,396	36,583,543	5,720	978	57	17.10%	
YANCEY	18,152	3,931	22,869,648	5,818	1,260	31	21.66%	
STATE TOTAL	8,682,066	1,602,645	\$ 7,907,271,830	\$ 4,934	\$ 911	185	18.46%	

Notes: * Data reflect only net vendor payments for which the county is responsible for its computable share. That is why Total Expenditures does not equal the \$8.58 billion reported in Tables 5, 6 a

** Eligibles is a statewide unduplicated count indicating only eligibility in the last county of residence during the fiscal year.

Source: Medicaid Cost Calculation Fiscal YTD June 2006.

Medicaid Expenditures per Eligible by County, SFY 2006



Medicaid Eligibles per 1,000 Population by County, SFY 2006

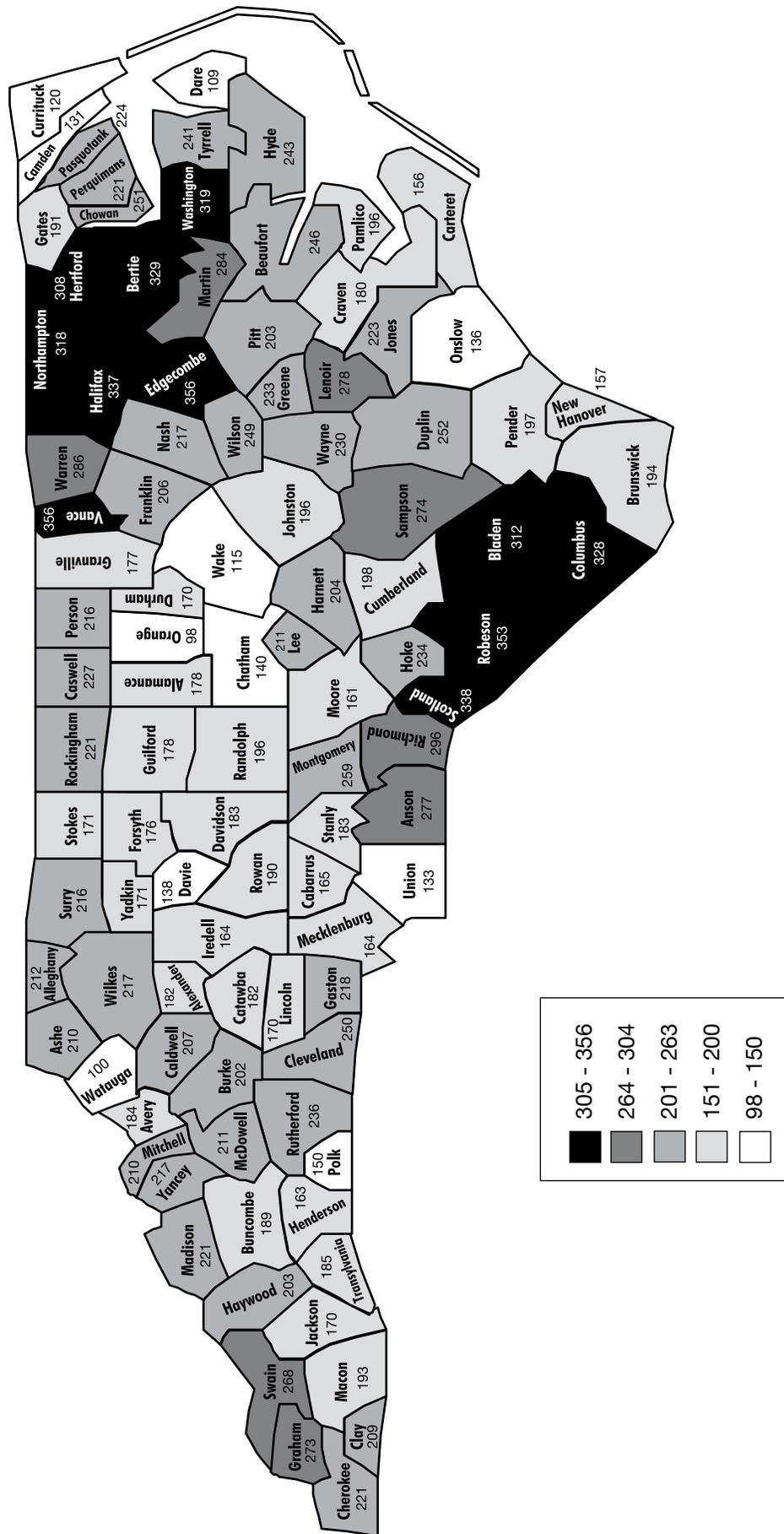


Table 9
North Carolina Medicaid
State Fiscal Year 2006 Program Services Expenditures
Budget Code 14445, Fund 1310
(Division of Medical Assistance Only)

Type of Service	Total Expenditures	Percent of Total Dollars	Percent of Service Dollars	Users of Services*	Cost Per Service User
Inpatient Hospital	\$ 1,024,293,989	11.9%	12.7%	357,069	\$ 2,869
Outpatient Hospital	\$ 599,306,708	7.0%	7.5%	768,702	\$ 780
Mental Hospital <21 & >65	\$ 39,432,017	0.5%	0.5%	2,400	\$ 16,430
Physician	\$ 817,055,723	9.5%	10.2%	1,521,914	\$ 537
Clinics	\$ 603,205,761	7.0%	7.5%	493,594	\$ 1,222
Nursing Facilities	\$ 1,086,831,460	12.7%	13.5%	43,117	\$ 25,207
ICF-MR	\$ 415,064,521	4.8%	5.2%	4,143	\$ 100,185
Dental	\$ 217,965,881	2.5%	2.7%	481,207	\$ 453
Prescription Drugs	\$ 1,385,039,301	16.1%	17.2%	1,108,467	\$ 1,250
Home Health	\$ 218,569,334	2.5%	2.7%	247,574	\$ 883
Personal Care Services	\$ 313,198,284	3.6%	3.9%	54,019	\$ 5,798
Adult Care Homes - Personal Care Services	\$ 153,094,077	1.8%	1.9%	29,504	\$ 5,189
All Other Services	\$ 1,166,871,315	13.6%	14.5%	1,193,752	\$ 977
Subtotal, Services	\$ 8,039,928,372	93.7%	100.0%		
Medicare Premiums:					
(Part A, Part B)	\$ 321,053,823	3.7%	4.0%		
Part D Clawback	\$ 91,999,451				
HMO Premiums	\$ 118,984,041	1.4%	1.5%		
Transfers	\$ 11,497,786	0.1%	0.1%		
Subtotal, Other	\$ 543,535,100				
Fund 1310 Total Title XIX Services	\$ 8,583,463,472				
Total Recipients (unduplicated)**				1,673,510	
Total Expenditures Per Recipient (unduplicated)					\$ 5,129

* "Users of Services" is a duplicated count. Recipients using one or more services are counted in each service category.

** The word "recipient" refers to an individual who is eligible for Medicaid who actually received at least one service during a given fiscal year. "Total Recipients" is unduplicated, counting recipients only once during the year regardless of the number or type of services they use.

Note: Numbers may not add to the dollar due to rounding.

Source: BD-701 Report June 2006

Table 10 North Carolina Medicaid State Fiscal Year 2006 Medicaid Service Expenditures by Recipient Group									
<u>Eligibility Group</u>	<u>Total Service Dollars</u>	<u>Percent of Service Dollars</u>	<u>Total Recipients</u>	<u>Percent of Recipients</u>	<u>SFY 2006 Expenditures Per Recipient</u>	<u>SFY 2005 Expenditures Per Recipient</u>	<u>SFY 05/06 Percent Change</u>		
Total Elderly	\$ 2,106,663,745	25.0%	209,719	12.5%	\$ 10,045	\$ 10,626	-5.5%		
Aged	2,061,775,404	24.5%	157,376	9.4%	\$ 13,101	\$ 13,165	-0.5%		
Medicare-Aid (MQBQ & MQBB & MQBE & M-SCHIP)	44,888,341	0.5%	52,343	3.1%	\$ 858	\$ 810	5.8%		
Total Disabled	\$ 3,667,723,028	43.6%	266,525	15.9%	\$ 13,761	\$ 13,554	1.5%		
Disabled	3,635,941,536	43.2%	264,396	15.8%	\$ 13,752	\$ 13,553	1.5%		
Blind	31,781,492	0.4%	2,129	0.1%	\$ 14,928	\$ 13,707	8.9%		
Total Families & Children	\$ 2,605,257,873	31.0%	1,155,305	69.0%	\$ 2,255	\$ 2,198	2.6%		
AFDC Adults (> 21)	715,976,135	8.5%	236,057	14.1%	\$ 3,033	\$ 3,086	-1.7%		
Medicaid Pregnant Women (MPW)	243,146,466	2.9%	70,529	4.2%	\$ 3,447	\$ 3,895	-11.5%		
AFDC Children & Other Children	608,235,631	7.2%	242,050	14.5%	\$ 2,513	\$ 2,322	8.2%		
Medicaid Indigent Children (MIC)	1,031,942,251	12.3%	606,330	36.2%	\$ 1,702	\$ 1,611	5.7%		
Breast and Cervical	5,957,389	0.1%	339	0.0%	\$ 17,573	\$ 18,426	-4.6%		
Aliens and Refugees	\$ 61,093,589	0.7%	28,707	1.7%	\$ 2,128	\$ 2,729	-22.0%		

Source: SFY 2006 Program Expenditure Report (PER) and State 2008 Report. Note: Financial data reported in the PER originates from and relates to "claims paid" within MMIS during the fiscal year and is not identical with financial data reported in the BD 701 Budget Reports

Table 11
North Carolina Medicaid
State Fiscal Year 2006
Service Expenditures for Selected Major Medical Services by Program Category

Type of Service	Total	Percent of Service Dollars	MOBC* Medicare Qualified Beneficiary										Total	Adjustments Unattributable to a Specific Category
			Aged	MOBB+MOBE Part B Premium Only	Blind	Disabled	Other Adult**	Breast & Cervical Cancer	Children***	Alien & Refugees				
Inpatient Hospital	\$ 1,016,669,108	12.08%	\$ 11,957,721	\$ 10,832	\$ 1,823,273	\$ 459,344,083	\$ 236,233,922	\$ 508,610	\$ 276,416,562	\$ 41,754,107	\$ (11,402,594)	\$	\$ (11,402,594)	
Outpatient Hospital	595,192,918	7.07%	21,224,329	-	1,118,024	231,961,782	172,891,575	2,790,207	164,408,149	2,574,169	(2,142,891)	\$	(2,142,891)	
Mental Hospital (> 60)	63,583,568	0.08%	6,256,306	-	91,128	9,703,927	-	-	23,358,732	19,720	(13,588)	\$	(13,588)	
Psychiatric Hospital (< 21)	33,060,205	0.39%	49,176,687	-	9,666	256,135,494	-	-	212,796,001	576	(34,945)	\$	(34,945)	
Physician	811,165,650	9.64%	13,945,101	-	1,437,344	316,995,440	47,731,005	2,004,227	281,192,482	11,937,232	(3,601,139)	\$	(3,601,139)	
Clinics	602,279,486	7.16%	924,152,451	-	1,535,036	159,720,940	366,782	22,100	223,559,623	2,156,846	(3,679,516)	\$	(3,679,516)	
Nursing Facility	1,086,714,475	12.91%	-	38	2,610,340	-	-	-	63,900	272,363	(473,461)	\$	(473,461)	
Intermediate Care Facility for Mental Retardation	414,994,058	0.00%	26,409,884	-	7,279,809	378,919,972	52,765	-	2,354,351	-	(33,322)	\$	(33,322)	
Dental	215,659,936	2.56%	10,655,188	-	257,749	41,116,521	40,671,573	47,621	122,839,226	282,457	(201,527)	\$	(201,527)	
Prescribed Drugs	1,368,892,492	16.26%	286,466,213	-	4,265,537	701,428,032	158,270,400	433,671	218,126,393	342,439	(440,183)	\$	(440,183)	
Home Health	218,247,272	2.59%	39,183,366	-	1,333,303	144,459,537	14,126,334	68,101	19,369,784	286,163	(605,895)	\$	(605,895)	
CAP/Disabled Adult	265,865,843	3.16%	186,128,068	-	1,618,924	78,051,938	-	-	45,355	29,513	(7,959)	\$	(7,959)	
CAP/Mentally Retarded	288,169,935	3.42%	5,648,515	-	2,601,849	27,863,828	-	-	2,473,230	-	(417,488)	\$	(417,488)	
CAP/Children	28,970,196	0.34%	-	-	334,518	27,979,640	-	-	675,384	-	(19,345)	\$	(19,345)	
Personal Care	313,194,129	3.72%	158,261,595	-	2,504,210	142,913,421	7,039,703	20,171	2,542,947	10,246	(98,164)	\$	(98,164)	
Hospice	53,655,409	0.64%	35,388,485	-	4,433	17,569,683	452,881	576	192,539	3,611	(75,342)	\$	(75,342)	
ERSDT (Health Check)	63,617,566	0.76%	-	-	122,877	7,894,028	67,111	2	51,985,464	6,403	(40,870)	\$	(40,870)	
Laboratory & Imaging Services	40,204,304	0.48%	807,142	-	49,416	7,894,028	18,419,654	20,407	12,989,866	76,224	(53,472)	\$	(53,472)	
Adult Home Care	153,074,133	1.82%	85,204,754	-	302,792	67,460,664	97,105	243	95,125,326	-	(34,891)	\$	(34,891)	
High-Risk Intervention Residential Other Services	285,709,748	3.39%	19,619,974	-	436,661	110,395,301	39,001,756	37,695	115,329,987	995,162	(48,220)	\$	(48,220)	
Total Services	\$ 7,977,401,602	94.78%	\$ 1,860,719,777	\$ 11,933	\$ 29,736,888	\$ 3,462,164,910	\$ 948,151,117	\$ 5,953,930	\$ 1,613,097,075	\$ 61,062,248	\$ (23,740,617)	\$	\$ (23,740,617)	
Premiums:														
Medicare, Part A Premiums	49,423,073	0.59%	49,154,303	-	478,600	-	-	-	-	-	-	-	(225,619)	
Medicare, Part B Premiums	271,628,735	3.23%	129,097,863	-	1,017,402	95,767,875	775,650	-	16,262	19,408	-	-	312,979	
HMO Premiums	118,631,568	1.41%	2,803,461	-	548,602	78,003,731	10,195,834	3,459	27,064,547	11,933	-	-	-	
Total Premiums	\$ 439,683,376	5.22%	\$ 181,055,627	\$ 44,030,909	\$ 2,044,604	\$ 173,776,626	\$ 10,971,485	\$ 3,459	\$ 27,080,508	\$ 31,341	\$ 87,360	\$	\$ 87,360	
Program Category Totals	\$	\$	\$ 2,061,775,404	\$ 44,042,842	\$ 31,781,492	\$ 3,635,941,536	\$ 959,122,601	\$ 5,957,389	\$ 1,640,177,683	\$ 61,093,569	\$ (23,653,258)	\$	\$ (23,653,258)	
Medicare Part D Payments****	\$ 91,999,451	\$	\$ 53,458,509	\$ 20,904	\$ 402,185	\$ 36,990,421	\$ 136,135	\$	\$ 4,233	\$ 3,455	\$	\$	\$	

* Reflects expenditures for those who were eligible as OMBs (Medicare-covered services only) at the end of the year. As a result, expenditures include more services than are available through OMB coverage.

** Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & over under TANF or AFDC-related coverage.

*** Includes SOBRA Children, individuals under age 21 in TANF or AFDC-related coverages or other children in foster care.

**** Source for Medicare Part D Payments: SFY 2006 BD701 Report

Note: Program Category Totals do not include adjustments processed by DMA, settlements, disproportionate share costs and State and county administration costs and certified public funds in other agencies. Also, financial data reported in the PER originates from and relates to "claims paid" within MMS.

Source: SFY 2006 Program Expenditure Report

Table 12
North Carolina Medicaid
State Fiscal Year 2006
Expenditures for the Elderly

Type of Service	Aged	Percent of Service Dollars	MQBO Medicare Qualified Beneficiary	MQBB+MQBE Part B Premium Only	Total Qualified Beneficiaries	Percent of Service Dollars	Total Elderly Dollars	SFY		
								2006 % of Total Dollars	2005 % of Total Dollars	2004 % of Total Dollars
Inpatient Hospital	\$ 11,957,721	0.6%	20,392	10,832	31,224	0.1%	11,988,945	0.6%	0.5%	0.8%
Outpatient Hospital	21,224,329	1.0%	65,564	-	65,564	0.1%	21,289,893	1.0%	1.0%	1.6%
Mental Hospital (> 65)	6,256,306	0.3%	-	-	-	0.0%	6,256,306	0.3%	0.3%	0.4%
Physician	49,176,687	2.4%	126,718	-	126,718	0.3%	49,303,405	2.3%	2.1%	2.3%
Clinics	13,949,101	0.7%	7,662	-	7,662	0.0%	13,956,763	0.7%	0.6%	0.5%
Nursing Facility	924,152,451	44.8%	38	1,102	1,139	0.0%	924,153,590	43.9%	41.7%	39.8%
Intermediate Care Facility for										
Mental Retardation	26,409,884	1.3%	-	-	-	0.0%	26,409,884	1.3%	1.1%	1.3%
Dental	10,685,188	0.5%	127	-	127	0.0%	10,685,315	0.5%	0.4%	0.5%
Prescription Drugs	286,466,213	13.9%	-	-	-	0.0%	286,466,213	13.6%	21.7%	22.8%
Home Health	39,183,366	1.9%	13,269	-	13,269	0.0%	39,196,635	1.9%	1.6%	1.7%
CAP/Disabled Adult	186,128,068	9.0%	-	-	-	0.0%	186,128,068	8.8%	7.3%	7.4%
CAP/Mentally Retarded	5,648,515	0.3%	-	-	-	0.0%	5,648,515	0.3%	0.2%	0.3%
Personal Care	158,261,595	7.7%	-	-	-	0.0%	158,261,595	7.5%	6.7%	6.6%
Hospice	35,388,485	1.7%	-	-	-	0.0%	35,388,485	1.7%	1.0%	1.0%
EPSDT (Health Check)	-	0.0%	-	-	-	0.0%	-	0.0%	0.0%	0.0%
Laboratory & Imaging Services	807,142	0.0%	921	-	921	0.0%	808,062	0.0%	0.0%	0.0%
Adult Home Care	85,204,754	4.1%	-	-	-	0.0%	85,204,754	4.0%	3.9%	4.0%
High-Risk Intervention Residential	-	0.0%	-	-	-	0.0%	-	0.0%	0.0%	0.0%
Other Services	19,819,974	1.0%	9,651	-	9,651	0.0%	19,829,624	0.9%	0.7%	0.5%
Total Services	\$ 1,880,719,777	91.2%	\$ 244,341	\$ 11,933	\$ 256,275	0.6%	\$ 1,880,976,051	89.3%	91.3%	91.4%
Premiums:										
Medicare Part A Premiums	49,154,303	2.4%	10,770	-	10,770	0.0%	49,165,073	2.3%	2.0%	2.2%
Medicare Part B Premiums	129,097,863	6.3%	590,388	44,030,909	44,621,296	99.4%	173,719,159	8.2%	6.7%	6.5%
HMO Premiums	2,803,461	0.1%	-	-	-	0.0%	2,803,461	0.1%	0.0%	0.0%
Total Premiums	\$ 181,055,627	8.8%	\$ 601,158	\$ 44,030,909	\$ 44,632,066	99.4%	\$ 225,687,694	10.7%	8.7%	8.6%
Grand Total Services and Premiums	\$ 2,061,775,404		\$ 845,499	\$ 44,042,842	\$ 44,888,341	100.0%	\$ 2,106,663,745	100.0%	100.0%	100.0%
Medicare Crossovers*										
Total Elderly Recipients	\$ 106,979,260		520	52,343	52,863		209,719			
Expenditures Per Recipient**	\$ 13,101		\$ 1,626	\$ 841	\$ 849		\$ 10,045			
Medicare Part D Payments***	\$ 53,458,509		\$ 20,904	\$ 983,609	\$ 1,004,513		\$ 54,463,022			

* Medicare Crossovers are amounts that Medicaid bills Medicare for those Medicaid-eligible people who are also eligible for Medicare.

** Service Expenditure/Recipient amounts do not contain adjustments, settlements or administrative costs.

*** Source for Medicare Part D Payments: SFY 2006 BD701 Report

Source: SFY 2006 Program Expenditure Report

**Table 13
North Carolina Medicaid
State Fiscal Year 2006
Expenditures for the Disabled & Blind**

Type of Service	Disabled	Percent of Service Dollars	Blind	Percent of Service Dollars	Total Blind & Disabled Dollars	SFY 2006 % of Total Dollars	SFY 2005 % of Total Dollars	SFY 2004 % of Total Dollars
Inpatient Hospital	\$ 459,344,083	12.6%	\$ 1,823,273	5.7%	\$ 461,167,356	12.6%	12.8%	13.5%
Outpatient Hospital	231,961,782	6.4%	1,118,024	3.5%	233,079,806	6.4%	6.2%	6.3%
Mental Hospital (> 65)	-	0.0%	91,128	0.3%	91,128	0.0%	0.0%	0.0%
Psychiatric Hospital (< 21)	9,703,927	0.3%	9,666	0.0%	9,713,593	0.3%	0.3%	0.2%
Physician	256,135,494	7.0%	1,437,344	4.5%	257,572,838	7.0%	6.8%	6.8%
Clinics	316,995,440	8.7%	1,535,036	4.8%	318,530,476	8.7%	9.1%	9.1%
Nursing Facility	159,720,940	4.4%	2,610,340	8.2%	162,331,280	4.4%	4.5%	4.0%
Intermediate Care Facility for Mental Retardation	378,919,972	10.4%	7,279,809	22.9%	386,199,781	10.5%	11.0%	12.3%
Dental	41,116,521	1.1%	257,749	0.8%	41,374,271	1.1%	1.1%	1.0%
Prescribed Drugs	701,428,032	19.3%	4,265,537	13.4%	705,693,569	19.2%	23.3%	22.6%
Home Health	144,459,537	4.0%	1,333,303	4.2%	145,792,839	4.0%	3.7%	3.6%
CAP/Disabled Adult	78,051,388	2.1%	1,618,924	5.1%	79,670,312	2.2%	1.9%	1.8%
CAP/Mentally Retarded	277,863,828	7.6%	2,601,849	8.2%	280,465,677	7.6%	7.5%	8.3%
CAP/Children	27,979,640	0.8%	334,518	1.1%	28,314,157	0.8%	0.7%	0.7%
Personal Care	142,913,421	3.9%	2,504,210	7.9%	145,417,631	4.0%	3.5%	2.8%
Hospice	17,569,683	0.5%	122,877	0.4%	17,692,560	0.5%	0.4%	0.4%
EPSDT (Health Check)	1,505,025	0.0%	4,433	0.0%	1,509,458	0.0%	0.0%	0.0%
Lab & X-ray	7,894,028	0.2%	49,416	0.2%	7,943,443	0.2%	0.2%	0.2%
Adult Home Care	67,460,664	1.9%	302,792	1.0%	67,763,456	1.8%	1.8%	1.8%
High Risk Intervention Residential	30,745,654	0.8%	-	0.0%	30,745,654	0.8%	0.8%	0.8%
Other Services	110,395,301	3.0%	436,661	1.4%	110,831,962	3.0%	1.7%	1.5%
Total Services	\$ 3,462,164,910	95.2%	\$ 29,736,888	93.6%	\$ 3,491,901,798	95.2%	97.2%	97.8%
Premiums:								
Medicare, Part A Premiums	5,019	0.0%	478,600	1.5%	483,619	0.0%	0.0%	0.0%
Medicare, Part B Premiums	95,767,875	2.6%	1,017,402	3.2%	96,785,277	2.6%	2.3%	2.1%
HMO Premiums	78,003,731	2.1%	548,602	1.7%	78,552,333	2.1%	0.4%	0.1%
Total Premiums	\$ 173,776,626	4.8%	\$ 2,044,604	6.4%	\$ 175,821,229	4.8%	2.8%	2.2%
Grand Total Services and Premiums	\$ 3,635,941,536	100.0%	\$ 31,781,492	100.0%	\$ 3,667,723,028	100.0%	100.0%	100.0%
Medicare Crossovers*								
Total Disabled/Blind Recipients	\$ 83,743,972		\$ 856,542		\$ 84,600,514			
Service Expenditures Per Recipient**	\$ 264,396		\$ 2,129		\$ 266,525			
Service Expenditures Per Recipient**	\$ 13,752		\$ 14,928		\$ 13,761			
Medicare Part D Payments***	\$ 36,990,421		\$ 402,185		\$ 37,392,606			

* Medicare Crossovers are amounts that Medicaid bills Medicare for those Medicaid-eligible people who are also eligible for Medicare.

** Service Expenditure/Recipient amounts do not contain adjustments, settlements or administrative costs.

*** Source for Medicare Part D Payments: SFY 2006 BD701 Report

Source: SFY 2006 Program Expenditure Report

Table 14
North Carolina Medicaid
State Fiscal Year 2006
Expenditures for Families and Children

Type of Service	AFDC Adults		Pregnant Women		% of Service Dollars		AFDC Children & Other Children		% of Service Dollars		Indigent Children		% of Service Dollars		Breast Cervical		% of Service Dollars		Total Families & Children Dollars		SFY 2006 % of Total Dollars		SFY 2005 % of Total Dollars							
	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%	Dollars	%				
Inpatient Hospital	\$ 143,153,494	20.8%	\$ 87,080,428	35.8%	\$ 61,522,243	10.1%	\$ 214,896,319	20.8%	\$ 508,610	8.5%	\$ 513,161,294	20.0%																		
Outpatient Hospital	143,729,029	20.1%	29,182,546	12.0%	57,983,502	9.5%	106,425,647	10.3%	2,790,307	46.8%	340,091,032	13.4%																		
Psychiatric Hospital (< 21)		0.0%	22,150	0.0%	12,941,151	2.1%	10,417,591	1.0%		0.0%	23,380,882	0.8%																		
Physician	145,514,952	20.9%	67,241,749	27.7%	80,835,393	13.3%	200,957,088	19.4%	2,004,227	33.6%	466,963,310	19.1%																		
Clinics	25,688,563	3.6%	22,122,442	9.1%	124,475,278	20.5%	99,084,345	9.6%	22,100	0.4%	271,312,928	10.4%																		
Nursing Facility	366,782	0.1%	-	0.0%	23,467	0.0%	40,413	0.0%	-	0.0%	430,682	0.0%																		
Intermediate Care Facility for Mental Retardation	52,765	0.0%	-	0.0%	1,830,481	0.3%	524,470	0.1%	-	0.0%	2,407,716	0.1%																		
Dental	38,350,998	5.4%	2,280,565	0.9%	40,757,481	6.7%	62,081,745	6.0%	47,621	0.8%	163,518,420	6.1%																		
Prescribed Drugs	146,246,766	20.4%	12,023,634	4.9%	80,537,435	13.2%	137,588,948	13.3%	433,671	7.3%	376,830,454	14.6%																		
Home Health	12,050,925	1.7%	2,075,410	0.9%	5,962,162	1.0%	13,407,623	1.3%	68,101	1.1%	33,564,220	1.3%																		
CAP/Disabled Adult	-	0.0%	-	0.0%	39,699	0.0%	5,666	0.0%	-	0.0%	45,355	0.0%																		
CAP/Mentally Retarded	-	0.0%	-	0.0%	2,472,116	0.4%	1,114	0.0%	-	0.0%	2,473,230	0.1%																		
CAP/Children	-	0.0%	-	0.0%	675,384	0.1%	1,280,640	0.0%	-	0.0%	675,384	0.0%																		
Personal Care	6,970,016	1.0%	69,687	0.0%	1,262,307	0.2%	19,700	0.0%	20,171	0.3%	9,602,821	0.4%																		
Hospice	452,681	0.1%	32,689	0.0%	19,700	0.0%	173,138	0.0%	576	0.0%	646,095	0.0%																		
EPSDT (Health Check)	24,422	0.0%	7,145,985	2.9%	11,308,971	1.9%	40,676,493	3.9%	576	0.0%	52,042,576	2.0%																		
Lab & X-ray	11,273,669	1.6%	7,145,985	2.9%	3,773,548	0.6%	9,216,438	0.9%	2	0.0%	31,430,047	1.2%																		
High Risk Intervention Residential	-	0.0%	-	0.0%	54,967,803	9.0%	40,157,523	3.9%	-	0.0%	95,125,326	3.7%																		
Adult Home Care	84,231	0.0%	12,874	0.0%	25,481	0.0%	18,085	0.0%	243	0.0%	140,914	0.0%																		
Other Services	27,853,332	3.9%	11,148,424	4.6%	52,267,312	8.6%	63,062,675	6.1%	37,695	0.6%	154,369,437	5.9%																		
Total Services	\$ 707,732,513	98.8%	\$ 240,418,603	96.9%	\$ 593,646,891	97.6%	\$ 1,019,450,183	98.8%	\$ 5,953,930	99.9%	\$ 2,567,202,121	98.5%																		
Premiums:																														
Medicare, Part A Premiums	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%																		
Medicare, Part B Premiums	698,445	0.1%	77,205	0.0%	9,750	0.0%	6,512	0.0%	-	0.0%	791,912	0.0%																		
HMO Premiums	7,545,177	1.1%	2,650,658	1.1%	14,578,991	2.4%	12,485,556	1.2%	3,459	0.1%	37,263,840	0.8%																		
Total Premiums	\$ 8,243,622	1.2%	\$ 2,727,863	1.1%	\$ 14,588,740	2.4%	\$ 12,492,068	1.2%	\$ 3,459	0.1%	\$ 36,055,752	1.5%																		
Grand Total Services and Premiums	\$ 715,976,135	100.0%	\$ 243,146,466	100.0%	\$ 608,235,631	100.0%	\$ 1,031,942,251	100.0%	\$ 5,957,389	100.0%	\$ 2,605,257,873	100.0%																		
Medicare Crossovers*																														
Total Family & Child Recipients	\$ 236,057		\$ 70,529		\$ 242,050		\$ 606,330		\$ 339		\$ 1,155,305																			
Service Expenditures Per Recipient**	\$ 3,033		\$ 3,447		\$ 2,513		\$ 1,702		\$ 17,573		\$ 2,255																			
Medicare Part D Payments**	\$ 116,354		\$ 18,917		\$ 2,591		\$ 1,641		\$ -		\$ 139,504																			

* Medicare Crossovers are Medicare charges that are billed to Medicaid.
 ** Service Expenditures per Recipient does not include adjustments, settlements, or administrative costs.
 *** Source for Medicare Part D Payments: SFY 2006 BD700 Report
 Source: SFY 2006 Program Expenditure Report

Table 15
North Carolina Medicaid
State Fiscal Year 2006
Medicaid Copayment Amounts

<u>Service</u>	<u>Copayment Amount</u>
Chiropractor visit	\$2.00
Dental visit	\$3.00
Optical service	\$2.00
Optometrist visit	\$3.00
Outpatient visit	\$3.00
Physician visit	\$3.00
Podiatrist visit	\$3.00
Prescription drugs (including refills):	
Generic & Insulin	\$3.00
Brand Name	\$3.00